

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 6

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1915(G) of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$44,796

b. FFY 2002 \$49,499

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A Page 1 (Part MM)

ATTACHMENT 3.1-A Page 2 (Part MM)

ATTACHMENT 3.1-A Page 3 (Part MM)

ATTACHMENT 3.1-A Page 4 (Part MM)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

NEW

10. SUBJECT OF AMENDMENT:

TARGETED CASE MANAGEMENT STATE PLAN AMENDMENT - TIFT COUNTY

GVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary B. Redding

14. TITLE:

Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Georgia Community Health
Division of Medical Assistance
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

December 29, 2000

18. DATE APPROVED:

January 23, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children, ages 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No EPSDT initial screen or no periodic screening.
3. Few friends or school alienation.
4. Dysfunctional home situation.
5. Mental health diagnosis.
6. Single parent family.
7. Born to teenage parent(s).
8. Born to a parent who has not completed high school.
9. Limited English proficiency.
10. Free or reduced price lunch.
11. Lack of appropriate physical necessities (clothing, proper hygiene, etc.
12. History of exposure to direct or indirect violence.
13. History of sexual or physical abuse or neglect.
14. Low self-esteem.

B. Areas of State in which services will be provided:

- ☐ Entire State
- ☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): Tift County\\

C. Comparability of Services

- ☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B) of the Act.

TN No. 00-016

Supersedes

Approval Date JAN 29 2001

Effective Date OCT 01 2000

TN No. New

D. Definition of Services:

Children at-risk case management is a set of interrelated activities for identifying, coordinating, and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children in gaining access to needed medical, nutritional, social, educational, transportation, housing and other services; and to encourage the use of various community resources through referral to appropriate providers.

Case Management services will provide necessary coordination with providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation, and other services when needed.

The set of interrelated activities are as follows:

1. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the eligible child. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each recipient.
2. Assistance to the eligible child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.
3. Monitoring and follow-up with the eligible child and service providers to determine that the services received are adequate in meeting the child's assessed needs. Case management follow-up services are limited to 12 units annually.
4. Reassessment of eligible children to determine the services needed to resolve any crisis situation resulting from divorce, death, separation, family structure changes, changes in living conditions, or other events.

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E. Qualification of Providers:

1. Provider Qualifications

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act. Enrollment is open to all providers who can meet the following requirements:

- a. Must have the capacity to provide the full range of at-risk case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the Medicaid program.
- c. Must have demonstrated direct experience in the coordination of educational support services (e.g., EPSDT, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private service providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have a signed collaborative agreement with the Tift County School System, Tift County and Turner County Department of Family and Children Services, Tift County Health Department, Tift General Hospital, Tift County Recreation Department, Cooperative Extension Service of Tift County, Big Brothers/Big Sisters, PLIGHT, Kid's Advocacy Coalition, and YMCA.
- f. Case Management Supervisor must hold a Bachelor's Degree in a human services field; i.e., public and social services, counseling, humanities and have three years of experience working with a diverse population of low income children and their families.
- g. Case Managers must have high school diploma or its equivalency, have a minimum of two years experience working with children and families from various racial and ethnic groups and be familiar with the Paulding community and the services provided.
- h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.

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- F. The state assures that the provision of case management services will not restrict an individual's free choice of providers in violations of Section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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